

**DISCLOSURE BY STATE EMPLOYEE OF A FINANCIAL INTEREST  
IN A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES  
AS REQUIRED BY 930 CMR 6.05(2)(b)**

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Sharon Wells
Title/ Position	On going Social Worker
Agency:	Department of Children and Families, Holyoke
Agency address:	200 Front St. Holyoke, Ma 01040
	I am a state employee, and I also have agreed to serve as a foster parent, guardian, or pre-adoptive or adoptive parent, or to serve in a comparable status. The Department of Children and Families ("DCF") has a contract or agreement with me or with another person or organization relating to the service I am providing. I am disclosing that I receive financial benefits and/ or have financial obligations because of the contract or agreement made by DCF.
	<b>FINANCIAL INTEREST IN A DCF CONTRACT</b>
<b>Please write an X beside your answer.</b>	<p>I have an agreement to serve as:</p> <p><input checked="" type="checkbox"/> Foster parent;</p> <p><input type="checkbox"/> Guardian;</p> <p><input type="checkbox"/> Pre-adoptive parent;</p> <p><input type="checkbox"/> Adoptive parent;</p> <p><input type="checkbox"/> Other. Please explain. _____.</p>
<b>Please write an X beside your answer, and provide any requested information.</b>	<p>My agreement is with:</p> <p><input type="checkbox"/> DCF directly;</p> <p><input checked="" type="checkbox"/> A person or organization that has a contract with DCF.</p> <p style="padding-left: 40px;">- Please provide the name and address of the person or organization.</p> <p>The Children's Community Programs of CT, Inc 446A Blake St, Suite 100 New Haven, CT 06515 203-786-6403</p>

	<b>PLEASE DO NOT PROVIDE INFORMATION BELOW ABOUT THE IDENTITY OF THE CHILD. Please refer to the child as “the child” or “the foster child,” etc.</b>
	<b><i>In the answers below, please provide a dollar amount, if possible.</i></b>
<p>Please identify any financial benefit you receive because of your service.</p> <p>Who provides these financial benefits to you? Include the name and address.</p>	<p>Do you receive, e.g., a subsidy or benefits, compensation, reimbursement of expenses, or a clothing allowance?</p> <p>I do not have my foster son in my home just yet, so I am currently receiving no financial benefits. I will be getting an reimbursement at a daily rate of \$55/day to cover the child's living expenses. I will also be receiving clothing allowances and supplements for holidays or birthdays;</p>
<p>Please identify any financial obligation you have accepted in connection with this service.</p>	<p>Did you agree to accept any financial obligation, e.g., to maintain homeowner's insurance?</p> <p>No.</p>
Employee signature:	
Date:	9/5/2023

**Attach additional pages if necessary.**

**File copy with:**

**State Ethics Commission  
One Ashburton Place, Room 619  
Boston, MA 02108**

